



Biomedical Scientists in Europe: The Health of the Profession

Marie Culliton^{1,2}, Anneke Geurts-Moespot^{1,3}, Martina Jurs^{1,4}, Sonia Daadoucha-Perroud^{1,5}, Barbara Kappeller^{1,6}, Paulo Polónio^{1,7}, Fernando Mendes^{1,7}
¹European Association for Professions in Biomedical Sciences, Brussels, Belgium, ²The Academy of Clinical Science and Laboratory Medicine, Dublin, Ireland., ³Nederlandse Vereniging van bioMedisch Laboratoriummedewerkers, Utrecht, Netherlands., ⁴dbio Danske Bioanalytikere, Copenhagen, Denmark., ⁵Labmed Schweiz Suisse Svizzera, Bern, Switzerland., ⁶Biomed Austria - Österreichischer Berufsverband der Biomedizinischen AnalytikerInnen, Vienna, Austria., ⁷Superiors Health Technicians in the Area Diagnostic and Therapeutic Union, Porto, Portugal

The European Association for Professions in Biomedical Science (EPBS) represents >60,000 Biomedical Scientists from 21 countries in Europe. EPBS has adopted the ethics policy of IFBLS and has a Memorandum of Agreement with the IFBLS.

Introduction

Biomedical Scientists in Europe are members of a regulated profession. Qualifications to practice are laid down nationally. Regulation may be statutory by government, defined regulator or non statutory by the professional body.

Statutory:
 The role of regulators is to protect the public, by setting minimum professional standards for practice.

Registration or licence is mandatory for practice; this may be granted for life or require renewal.

A fitness to practice regimen may exist.

Non Statutory:
 The role of the professional body is to represent the profession by setting standards and thus the public is protected.

Biomedical Scientists must reach the qualification and practice standard set by the professional body.

Membership of the professional body is not mandatory

EPBS, like IFBLS, is an umbrella organisation of Professional Associations. These may be Professional Bodies or Unions.

Its strength and influence is dependent on the number of biomedical scientists in each country who are members of their Association.

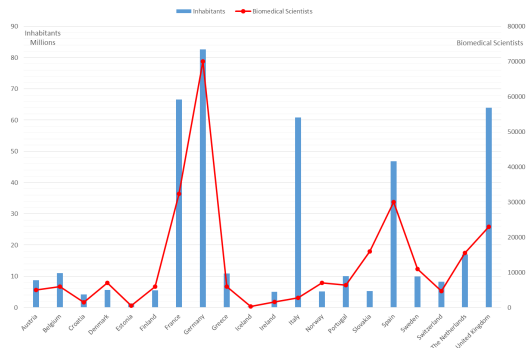
Aim

EPBS undertook a study to examine the Health of the Biomedical science Profession in Europe. A survey of members was undertaken, using google forms, to establish in each member country:

1. The Number of Biomedical Scientists per Country
2. The Qualifications to Practice
3. Regulation status
4. The Membership of the Association
5. Services provided for Members of the Association

20 Of 21 member associations replied to the survey

Results: 1. The Number of Biomedical Scientists per Country

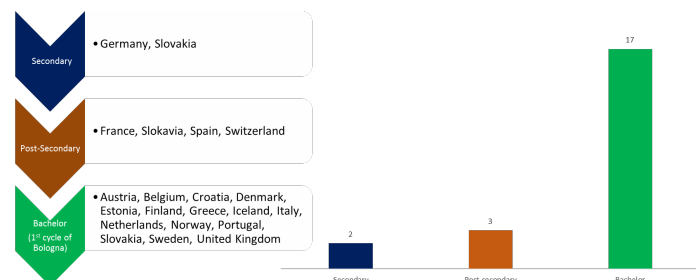


We found that for 20 countries with a population of 428 million inhabitants there are 254,504 Biomedical Scientists or an average of 828 Biomedical Scientists / 1million inhabitants.

This number varies depending on the country with a range of 350 to 1300 / 1 million. The higher ratio tends to be seen in Nordic countries where the Biomedical Scientists have a broader scope of practice.

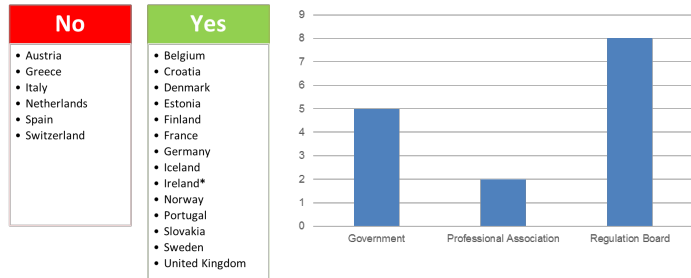
The number of Biomedical Scientists reported for Italy may not be accurate as there are several representative organisations

Results: 2. The Qualifications to Practice



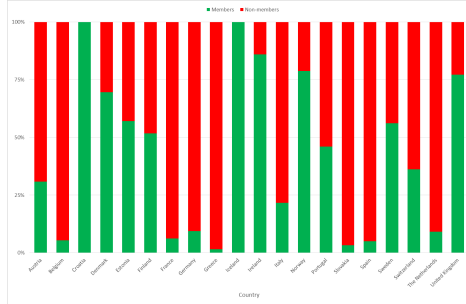
The entry level qualification to practice is Bachelors (180 to 240 ECTS) for 17 of the 20 countries with the remaining 3 being secondary or post-secondary level.

Results: 3. Regulation Status



A permit or licence to practice is required in 15 of the 20 countries and this is provided by government, regulator or the Professional Body.

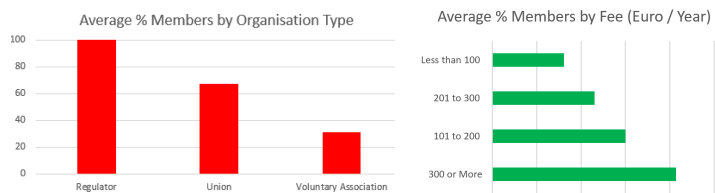
Results: 4. Membership of the Association



Using participation or membership of the Associations a measure of the health of the profession we see a membership span of between 2% to 100%.

Results: 5. Services Provided for Members

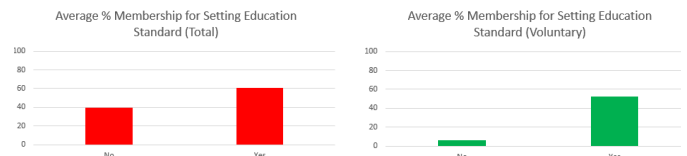
We examined services provided for members of associations based on: Organisational type, number of staff employed, negotiation rights, setting educational standards, course accreditation, provision of guidelines, publications, CPD, organising scientific meetings etc.



Unions negotiate salaries and also have the highest membership fees. Surprisingly membership fee is not a barrier to membership

Association Sets Educational Standards

We examined the impact of setting educational standards on membership. Percentage membership is increased where the Association sets the educational standard. This was even more marked when confined to voluntary associations. (Regulators must set standards and Unions generally do not)



Conclusion

The long-term sustainability of EPBS, IFBLS and other umbrella organisations is dependent on the ability of their membership to support them financially and with human capital. Vibrant member associations with vibrant membership will ensure the continuance of these umbrella organisations and the ability of this profession to influence European and International health policies.

There is no single factor identified which guarantees a healthy membership.